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CASE OF DISLOCATION OF THE CERVICAL VERTEBRÆ.

To the Editor of the Boston Medical and Surgical Journal.

Dear Doctor,—The following interesting case occurred in the practice of Dr. Rivers, of this city. I assisted him at the autopsy, and, at his request, drew up, at the time, the following history of the case, which, with his permission, I transmit for publication, if thou should deem it worthy. Thy friend, G. L. Collins.

Providence, 6 mo. 29th, 1848.

William Von Barnefelt, a native of Holland, æt. 35 years, seaman on board the brig Cordora, bound from Savannah to this port, was injured in a scuffle with one of the hands August 30th, 1846, about 2 o'clock, A. M., which injury resulted in his death September 1st, at 6 o'clock, A. M., having survived it forty hours. The following is the history of the case, as gathered from the examination of the crew at the coroner's inquest.

On the afternoon above mentioned, when the brig was off Montauk Light, the deceased and Alexander Borge were directed to hoist the "gaft top-sail," which they proceeded to do; but some dispute arising between them, Borge inflicted a blow upon Barnefelt, after which blows were given by each. Barnefelt was then seen in a stooping posture, with the head against the lower part of the abdomen of Borge, and the nates resting against the "main rigging," which prevented his retreat backwards. Borge, standing nearly erect, had seized with both his hands some portion of the rigging, and appeared to be using force against the head of his antagonist. Barnefelt was seen at that moment to fall upon the deck, and immediately cried out, "Oh! my neck." The mate, who reached him first after the injury, states that he saw two bunches upon the back part of the neck, which he describes as resembling a kink in a fish-line, but which disappeared after rubbing the part. On attempting to raise him, both his superior and inferior extremities were found completely paralyzed, both as regards sensation and motion. His power of speech appeared to remain nearly perfect, but, owing to his inability to speak English well, but little that he said was understood. The brig arrived here the following evening, when he was carried immediately to the Hospital, where he died the next morning. He remained in the same state as above described until his death. Complained of but little pain, except when the head was moved. On examining the part, no bony derangement could be discovered. There was a slight swelling upon the right side of the neck. His breathing was rather laborious, and he was frequently heard to sigh.

The only treatment attempted, was to empty the bladder by means of the catheter, and to use measures to evacuate the bowels, both of these excretions having been arrested. He took no food after the injury, and but little drink, though his deglutition was unimpaired.

Autopsy—Eleven hours after death. Thermometer 80°. Body large and muscular, and very rigid. Adipose tissue pretty abundant. No external mark of injury, except a slight bruise on the left side of the nose, where the epidermis was removed. On cutting the scalp, preparatory to removing the calvaria, about two ounces of blood escaped. There was slight effusion of blood beneath the skin, over the temporal muscles of each side. On removing the calvaria and cutting into the longitudinal sinus, considerable fluid blood issued, perhaps six ounces. The brain and meninges were found healthy. The muscles were now dissected from the cervical vertebræ posteriorly. On doing this, some of the fibres opposite the fourth and fifth spinous processes were found torn, and a small quantity of blood extravasated into the muscular structure. The ligamentum nuchæ, and the ligamentum subflavum, between the fourth and fifth vertebræ, were found ruptured, and also the capsular ligaments of the oblique processes, except about one fourth of their extent anteriorly, so that when the body lay upon the face, the end of the index finger could be laid between the arches of the vertebræ, the separation exposing to view the articulating surfaces of the oblique processes and the spinal marrow. The atlas was now disarticulated from the skull, and the spine sawn across below the seventh vertebra, and the cervical portion removed for further examination. On raising the arches of the vertebræ, a small quantity of blood was found effused, opposite the second vertebra, into the loose cellular tissue intervening between the dura mater and the bone—there was also a more extensive effusion opposite the fifth and extending down to the seventh. On removing the spinal marrow and slitting up the dura mater, the arachnoid was reddened as if stained with blood, opposite the seat of the injury. The vessels of the pia mater were much injected. The spinal marrow was softened to the extent of near three fourths of an inch, appearing as if it had been subjected to considerable pressure; blood was ecchymosed throughout its structure, giving it a uniform red appearance, which extended upwards about an inch and a half. The fifth pair of nerves were much contused, especially the one upon the left side, the ganglion on the posterior branch of which was crushed. The vertebral arteries were also much contracted, and their internal coats ruptured—the injury here was greatest upon the left side. The posterior common vertebral ligament was ruptured, and a *separation* had taken place *between* the bodies of the fourth and fifth vertebræ, the fourth being displaced forwards. The anterior common ligament was perfect, with the exception of being partially detached from the anterior usrface of the body of the 5th vertebra. The left transverse process of the fifth vertebra was broken off. The posterior inferior angles of the oblique processes of the fourth, and the anterior superior angles of those of the fifth, were scaled off, as if by being forcibly pressed by each other. The ligamentum subflavum, between the arches of the sixth and seventh vertebræ, was partially lacerated, and there was a trifling extravasation of blood posterior to it.

The viscera of the thorax and abdomen were healthy, with the exception of some pretty extensive old pleuritic adhesions.

Remarks.—Alexander Borge, the perpetrator of the injury, was arraigned before the U. S. Circuit Court, for the Rhode Island District, Justice Woodbury presiding, on the charge of murder. He, by the advice of counsel, pleaded guilty of the crime of manslaughter, which plea being accepted by the Court, Dr. Rivers's testimony was introduced in mitigation of sentence; which evidence went to prove that the injury, from its nature, was unquestionably an accidental result, attendant on the forcible flexion of the head of Barnefelt, while he was making strong efforts to liberate himself from the position in which he was held by his antagonist. He was accordingly sentenced to six months imprisonment, and to pay a fine of fifty dollars.

This case is also interesting as being one of *dislocation* of the spine, which Sir Astley Cooper says "is extremely rare, if it ever does happen." He does not speak of this accident in his work on "Dislocations and Fractures." he "having never witnessed a separation of one vertebra from another through the intervertebral substance, without fracture of the articular processes." Bransby Cooper mentions two cases of dislocation of the cervical vertebræ. One was admitted into Guy's Hospital, in which there was "a complete laceration of the intervertebral substance, between the fifth and sixth vertebræ, without any fracture." The other was admitted into the London Hospital—"the fifth and sixth cervical vertebræ were widely separated from each other, and without any fracture." Other cases are reported by S. Cooper, and by Dr. Schuk, of Vienna.

ON EPIDEMIC INFLUENCE.

[Concluded from page 464.]

II.—Our second proposition is, that there is a concurrence and combination of causes which give type and character to epidemic disorders.

It is an interesting fact, that the epidemic influence frequently spreads itself, as I have just observed, upon one class of citizens. It is not less remarkable and interesting, that the same kind of influence operates exclusively upon the animal creation; generally, however, upon the same species. Epidemics among cattle have always prevailed, like those among mankind. Dionysius, Orosius and Livy, are quoted by Dr. Hosack as describing epidemics among horses, oxen, sheep, &c. An anonymous writer (vid. Boston Medical and Surgical Journal, Vol.

XXXVII., No. 3, page 56) has given the history of an epidemic as it prevailed among horses in Ontario and Livingston Counties, N. Y. The disease was a singular one, and the paper is worthy the perusal of all who are curious on the subject of epidemics. I refer to it here, while speaking of similar facts, and because, also, its occurrence goes to prove that the epidemic influence operates sometimes upon one class of animals, and sometimes upon others. Hence, it will be readily seen that a union of causes, combined with the leading one, will produce effects varying with the kind of animals exposed to their influence, and the kind of causes so combined; and hence the development of various types of the same disorders, the consequence of such co-operation of the predisposing causes.

Location, then, if the above views are correct, must have an influence in modifying the type of disease. Every part of the globe has its own peculiar kind of climate, which is favorable to certain forms of disease. Northern climates are favorable to a high grade of inflammation, and to pulmonary disorders; the yellow fever and tetanus are peculiar to the South; intermittents, remittents, and bilious affections, occur in the western portion of our country; the plague in the eastern world, &c. Persons who live in the country are disposed to one form of disease, those in the city to another; necrosis is peculiar to the former, and caries of the bones to the latter location. Variations in atmospheric pressure are also said to be causes of disease. Increase and diminution of weight are considered "equally powerful causes of cerebral congestion and apoplexy." So a person, changing his place of residence, will be disposed to the diseases of his new location. How far these things are capable of modifying epidemic diseases, it would be difficult to point out; but the fact that they do possess some influence, cannot be doubted.

Season has also something to do with giving form to disease. Thus in our climate, in the winter and spring, we have pulmonic, rheumatic and inflammatory affections; during the summer and autumn, gastric and typhoid disorders, as dysentery, fevers, &c.

The water of a country or locality will influence the character of the complaints incident to such place. If the water be pure, the influence will be favorable; if it be impure, its effects will be otherwise; but to what extent, it would in any given case be impossible to precisely show. During a freshet, when the streams and springs are high, their influence would be different from what it would be in a very dry time.

Upon the same principle food will have its effect in determining the shape of diseases. In particular localities, the people resemble each other in constitution, and their mode of living is similar. When an epidemic is among them, these things operate upon the class of inhabitants who are its favorite victims. This is true, too, of habit. The people of a place have like habits, not only in respect to eating and drinking, but in most other particulars. The rich have their habits, manners, customs, &c.; the middling classes, theirs; the poor and lower orders, theirs. All these things, and many others, operate favorably or unfavorably during the prevalence of any disease, whether that disease is contagious, infectious, endemic, epidemic, or of a mixed character.

Again, the topography of a place, the general structure of the country, city, or location, will always be taken into consideration when we are summing up the things which modify and give type to disease. The deserts of Arabia, the plains of Africa, and the savannas of America, *all* have their influence in shaping the form of diseases which are the legitimate offspring of each peculiar climate. Even the same state or territory will exhibit various types of the same fundamental disease, which is owing chiefly, perhaps, to the condition of its cities, villages, mountains, hills, valleys, prairies, rivers, lakes, ponds, marshes, &c. We have already seen that this topographical influence is considerable within a short space. A fever may be of a decidedly malignant character at a given point, while at a short distance from that place the disease prevails in a very mild form.

Of the general determining causes, I might mention others, such as electricity, planetary influences, political institutions, &c.; but their modifying power is more easily acknowledged than explained, and I have not space for the discussion of these subjects at present.

III.—What is the mode in which some of these atmospheric poisons act upon the human body? It was first assumed that gases and other virus mixed with atmospheric air was the chief cause of epidemic disorders; it was then proved that they did actually at times exist in the atmosphere; now we propose to give a brief but definite account of their *modus operandi* upon the human body.

Suppose that the atmosphere contains a large quantity of carbonic acid gas, not sufficient to produce immediate death, but to deteriorate the blood, and deprave the natural secretions of the body; or suppose carburetted hydrogen or sulphuretted hydrogen be mixed with the air that we breathe. The heart's action becomes oppressed and enfeebled, the functions of the lungs are impaired, the blood does not undergo proper decarbonization, and the consequence of such a condition of the vital fluid is disease of some form or other—the particular type of which depends upon the "season of the year; peculiar states of the atmosphere, as to heat, moisture, weight, or electricity; circumstances of locality; the age of individuals exposed; their different temperaments; the influence of foregoing disease; the incidental direction of the morbid cause to some particular organ or texture of the body; *and, still more, the quantity or intensity of the matter itself.* All these and other circumstances may be conceived as producing such modifications, and thereby concealing the common origin of many disorders. From this complication of conditions, the difficulties of inquiry are considerable; but still of a nature to be overcome by future observation." Upon this principle, a poison in the atmosphere may be capable of producing an epidemic disease over a region of ten square miles; but owing to the above modifying circumstances, the disease would assume different shapes at different points. In one district we have measles, in another scarlet fever, in another hooping cough, in another typhus fever, and so on. Such examples are common in the history of disease; therefore I need not attempt any argument in proof of the statement.

Knowing the physiological and the toxicological action of these agents, we believe that these "and other deleterious gases may be absorbed into the blood." The blood being poisoned, the influence is next felt upon the brain and nervous system—a train of symptoms follow, depending somewhat upon the kind of virus, and somewhat upon surrounding causes. The narcotic properties of these gases will of course act upon the system as soon as they are inhaled. It is thought by some that the skin and bronchial membrane are the points of ingress for putrid and other poisons. However this may be, it is pretty certain, that marsh miasm, human effluvia, atmospheric or compound poisons, act primarily upon the blood, and that fevers and other diseases are the consequences of such action upon the body.

The truth of the existence of these gases being ascertained, together with a knowledge of their nature, it would be far less difficult to comprehend the manner in which they produce the phenomena we attribute to them, than to obtain just and adequate ideas of their origin and termination. We believe the period is not far distant when a full and satisfactory exposition and interpretation will be found for all that relates to this interesting subject, which will clear the obscurities which at present hang over it, and explain everything which may now appear doubtful and mysterious.

If we have not failed in maintaining the foregoing propositions, we have been successful in establishing the following Principles, viz.:

First, that all contagious, infectious, endemic, epidemic, and compound diseases, have their origin from *one* or *more* causes, which, when brought to bear upon the human body, produce the phenomena consequent upon such cause—the *symptoms* and *type* of which depend upon a combination of circumstances, such as whether the complaint is contagious, infectious, endemic, epidemic, or of a mixed character.

Secondly, that contagious disorders are of a kind *sui generis*, and can only be communicated by contact or touch, as smallpox, syphilis, &c.

Thirdly, that infectious complaints are only transmissible under peculiar circumstances, as may be the case in ill-ventilated apartments, &c., and that such diseases may become epidemic.

Fourthly, epidemic diseases have their origin in some noxious principle contained in the atmosphere—this principle being capable, in some degree at least, of giving type to all other disorders. That epidemics depend very much for their character upon a variety of causes—such as climate, location, season, and the habits and manner of living of the people who are acted upon by this agent. J. P. Leonard.

Lime Rock, R. I., June, 1848.

CASE OF DISEASED KIDNEY AND RECTUM.

[Communicated for the Boston Medical and Surgical Journal.]

March 20th, 1848, a female nursing child, æt. about 15 months, was attacked very suddenly with the usual symptoms of cholera infantum.

The constitutional disturbance, however, did not seem proportionate to the severity of the emesis and diarrhœa. The pulse was but slightly disturbed, appetite good for some days, and little or no apparent suffering. No satisfactory exciting or predisposing cause could be assigned to account for this attack. The disease proved rather obstinate, but after a duration of about ten days it was arrested, and for a week the patient seemed slowly convalescing. All medicine was laid aside, except very small doses of port wine. A careful attention to the diet, the daily use of the warm bath, and a short ride in the open air every pleasant day, were the principal means relied upon for complete restoration.

April 5th.—An alarming change in the symptoms occurred. A severe chill was immediately succeeded by a violent fever. The intestinal discharges were not much altered in character or frequency. There was nothing about them at this time calculated to attract notice. The child was treated with the warm bath, small doses of ipecac. and chalk, and Dover's powders. Next day there was a very slight improvement. From the period of the relapse, during the remainder of the disease, there was very scanty urine. Sometimes there was total suppression for thirty-six hours, and frequently for twenty-four hours. For this difficulty she was treated with nitric ether, and, externally upon the hypogastrium, rubefacient and emollient cataplasms. The bladder, however, seldom appeared full, and never tender on pressure. The difficulty seemed to originate in the kidneys, rather than in the bladder; but nothing certain could be determined.

7th.—Met Dr. Leonard, Jr., of this town, in consultation. He considered the case to be irritation or inflammation of the alimentary canal. The intestinal excretions at this time were not frequent, but rather dark and greenish, and appeared to consist chiefly of mucus intermingled with specks of blood. The abdomen at no time was distinctly tympanitic, or tender upon pressure. At this early period of the relapse, the suppression of urine had not attracted special notice, and I do not remember whether this circumstance was mentioned to Dr. L. He certainly did not prescribe anything particularly for that, nor had the child at this time taken anything expressly for it. He advised the hydr. c. cret. and Dover's powder, chalk mixture, and, as a dietary, exclusively, mucilage of gum Arabic. He also freely scarified the gums, although the marks of irritation there were not very decided. This treatment was unremittingly followed for a week—the scarification was repeated once. At first, it seemed to be attended with partial success. But the excretions never assumed a healthy aspect.

Two or three days after the above-mentioned interview with Dr. L., there appeared a small tumor in the situation of the right parotid gland. After an interval of a few hours, a similar swelling appeared in the left gland. Not long afterwards there was a general tumefaction of the cellular substance surrounding each gland, and extending from one to the other. This was kept constantly wet with a solution of acetate of lead, and within a little more than 24 hours, it entirely disappeared. There had been considerable œdema of the face and neck during the greater part of the patient's illness, but this disappeared simultaneously with the swelling of the glands and throat. This event was quickly followed by vomiting of a substance resembling fluid ink, intermingled with grains like coffee-grounds. The intestinal excretions soon assumed the same appearance. About this time, the oil of turpentine was commenced, in doses of two drops every fourth hour. This was discontinued with the third or fourth dose, in consequence of the occurrence of strangury and tenesmus, with bloody and mucous disaharges from the bladder and rectum, very frequent and generally simultaneous. These symptoms continued during the remainder of the patient's existence. These intestinal and vesical excretions were identical in appearance, and emitted an exceedingly offensive odor. For several hours it was a disputed point, whether they were from the rectum or bladder, nobody conjecturing that they came from both of these sources, being generally simultaneous; but the frequency of them enabled us, by actual observation, to satisfy ourselves beyond a doubt of their two-fold origin. But at intervals of some hours, discharges from the bowels occurred of a very different aspect —nearly as black as ink, and containing grains resembling coffee-grounds. The latter were not attended with tenesmus like the former. These symptoms continued unmitigated about two days, terminating only with the patient's life. This event took place on the morning of the 17th of April.

Autopsy, twenty-four hours after death. The cerebral and thoracic viscera were not examined, for want of time, and because no symptoms of disease of those parts were apparent or suspected during life. The abdominal organs were examined, in presence of Dr. Leonard. The stomach contained a small quantity of the inky matter like that which was vomited just before death. It was, however, somewhat paler. There was also, as usual, considerable viscid mucus in the stomach, as well as throughout the whole alimentary tract, growing darker the farther we descended. This substance did not seem to mingle with the dark fluid wherever they were found in contact, some of the latter being found in almost every part of the intestines. Near the pyloric orifice of the stomach, there was considerable vascularity of the mucous surface, of a pinkish hue, but without softening or ulceration. Several similar patches, and circumscribed points resembling minute specks of extravasation, appeared in different portions of the small intestines. About the middle of the ileum, the color of the mucous tissue approached that of red slate; and the substance was in a disorganizing process. All the coats of this part of the intestine separated while resting on the blade of the scissors. It was not possible to detect any signs of inflammation in the peritoneal coat, as it was highly colored by lying in contact with the liver and gall-bladder. There were a few small spots of discoloration in other parts of the peritoneum. This cavity also contained two or three ounces of a brownish fluid, not, however, resembling any that was found in the intestines. Respecting the colored portion of the intestine, it should be observed that it was very thin and translucent. Whether the contact of the gall-bladder or liver had anything to do after death with the changes met with here, I am unable to decide. There was nothing further remarkable until the rectum was reached. No distinct spots of ulceration were found above this part. Peyer's glands were uncommonly distinct and prominent, but otherwise unchanged. The intestine throughout, as well as the mesentery, and nearly all the tissues of the body, were extremely attenuated.

The disease in the rectum was distinctly limited about five inches above the sphincter. All below was extensively diseased. There was scarcely a trace of mucous or cellular sub-mucous tissue to be found. The muscular coat presented a very uneven and jagged surface, as though it had been ground. Some of the depressions were very deep. This tissue was generally very much thickened, being in some places nearly two lines in depth; and in this respect contrasting strongly with the attenuated condition of the same tissue in the vicinal parts of the intestine. It had a dark and motley complexion, and in spots considerably softened. The sub-peritoneal cellular tissue was infiltrated with a considerable quantity of yellowish transparent serum. The peritoneum covering this part was remarkably thickened. In depth, color, and elasticity, it resembled tendon. There was no evidence of perforation, extravasation, or communication between this organ and the bladder. We were obliged to pass by this latter organ in our examination, in consequence of too limited time.

The liver was highly congested, but otherwise apparently unchanged. The gall-bladder was tensely filled with healthy-looking bile.

The pancreas was considerably enlarged. A portion of its head was firmly adherent to the stomach.

The tubular substance of the right kidney exhibited marks of incipient inflammation—some parts being of a more livid hue than others; while the whole was intensely congested, the capillaries appearing as if injected artificially for anatomical purposes. Softening had not commenced here. The left kidney was extensively disorganized. As soon as the capsule was opened, a large portion of its substance flowed out, being of a semi-fluid consistence. Full one half of the organ had degenerated into this homogeneous, semi-putrid substance. The remainder was rapidly approaching the same condition, having the appearance as if all vital connection with the contiguous parts had been cut off for several days. It was dark, nearly homogeneous in appearance, and exceedingly friable. The ureter of this kidney was filled with thick, bloody, semi-putrid matter, presenting the same characteristics as that which passed from the bladder during the last two days of life, excepting that the latter was somewhat diluted with mucus.

We discovered no other abnormal appearance. The body generally was much emaciated.

A few circumstances connected with the above case are deserving of attention, and some of rare occurrence as far as my knowledge of similar cases goes. I allude particularly to the (evidently) sympathetic affection of the alimentery canal in the first instance, the disease of the kidney being undoubtedly the primary and principal disease, though detected at a late period of its progress; also the black vomit under similar circumstances—the simultaneous and identical characteristics of the rectal and vesical excretions—and the pathological conditions of the rectum and left kidney, particularly the latter. A physician in Maine, who has enjoyed an extensive practice for a great number of years, writes, in reference to the above case—"I think there cannot be a doubt but that the disease originated in the kidney, and the disturbance in the stomach and bowels, in the first place, was sympathetic. It is very probable that the kidney had been injured by some cause or other." He then refers to a case which occurred in his own practice, and in its more obvious features strikingly resembling the one which I have detailed. An uncontrollable diarrhœa and suppression of urine were the two most prominent symptoms. He says—"I continued to treat the child for an irritation of the stomach and bowels, until it died." In a *post-mortem* inspection, he did not find disease in the alimentary canal as he expected, "but," he says, "I did find, to my astonishment, the right kidney very much enlarged and *full of matter.* I should think it would weigh four pounds. I then came to the conclusion that all the difficulty grew out of the diseased kidney. I have had two or three other cases, but they all proved fatal." JOHN BACHELDER.

Monument, Mass., June 20, 1848.

REDUCTION OF A DISLOCATION OF THE SHOULDER, TWENTY-TWO DAYS AFTER ITS OCCURRENCE, WITH THE USE OF ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

OLIVER WILLIAMS, æt. 45, of Niles, Cayuga Co., N. Y., dislocated his right shoulder some time in May last. Dr. Lewis was first called to see him, and made some attempts to reduce it. Dr. Wm. F. Cooper also saw him, and made the attempt; but as it hurt him, and from interference of patient's sister and his own wishes, Dr. C. desisted. Twenty-two days from the date of accident, patient visited me, in company with Dr. Cooper, for the purpose of having it reduced, if possible. Jarvis's surgical adjuster was first applied, and the inhalation of ether commenced. In five minutes he was unconscious, and force was applied, and continued for some time. The effects of the ether went off in about six minutes, when it was again administered, and the inhalation continued for fifteen or twenty minutes. Force, as great as the instrument would admit of, was applied, and was kept up as long as was thought best; but the dislocation remained unreduced. A strong towel was moistened and applied to the arm by a wet roller, so as to form a loop, and the twisted rope applied. The ether was again given him, and he became insensible. In a few minutes the dislocation was reduced, greatly to the satisfaction of the patient, who had suffered much from pressure of the head of the bone on the axillary nerves. He rode home, a distance of twenty-five miles, the same evening.

Without the use of the ether in this case, I am certain the bone would never have been reduced. The timidity of the patient and his friends would have kept them from any further attempts at reduction. Complete relaxation was induced by the ether. **A. B. Shipman.**

Cortlandville, N. Y., June 23, 1848.

P. S.—One word with regard to etherization. A few days since, I exhibited the ether to a patient on whom I performed a surgical operation (castration). The ether was inhaled twenty minutes before insensibility was induced. Great excitement followed the operation; the patient laughed, shouted, and tried to get off the operating table, and it was with the greatest difficulty that he could be calmed, while applying the dressings. All went on well until the third day, when he was seized with a rigor, and fever soon followed; severe pain in chest; bloody sputa and difficult respiration, and a thin bloody sanies from the wound. I bled him, and the blood did not coagulate, but a strong buffy coat formed on the surface, while all beneath was dark, loose fluid. I confess I felt greatly concerned as to the result. The face was livid, pulse rapid, irregular, and he was exceedingly faint and weak. I gave him calomel, morphine and ipecac.; and the third day from the attack, I again bled him. The blood had now changed its qualities very sensibly; it was now florid, coagula firm and of a bright vermilion color, and destitute of the buffy coat. By an alterative and antiphlogistic course, he began to improve; the wound began to discharge healthy pus, and he recovered. Now it is possible that this would have been the case if no ether had been given; but he was not predisposed to pneumonia, nor did he take cold, that I am aware of. It is not strange that the vapor of ether applied to the delicate structure of the lungs should cause an inflammation; but I do not remember of a case being reported where such a result was observed. **A. B. S.**

SURGICAL CASES TREATED BY MAYNARD'S ADHESIVE SOLUTION.

[Concluded from page 427.]

In the following instance the utility of this new dressing is shown by the fact of its being unaffected by cold-water applications, and not loosened by suppurative discharges.

Case VII.—Last September a young man had his hand caught by a circular saw, and dreadfully lacerated. The index finger was entirely separated near the middle of the third phalanx. The third phalanx of the second finger had received a lacerated wound, extending to the bone. The third finger was also removed at the joint of the second with the third phalanx. There was, besides, a lacerated wound on the palmar surface of the fourth finger. The bone of the third finger protruding nearly an inch beyond the integuments, it was necessary to amputate it through the middle of the first phalanx. The index finger being greatly mutilated, a new flap was required to form a proper stump. This being done, the flaps of the amputated extremities were brought into their proper position, and there retained by narrow straps of cotton cloth made adherent with the adhesive solution. The severity and nature of the accident causing great pain, sedative lotions and cold irrigations were repeatedly applied. The constant moisture from these sources had no effect in loosening the attachment of the straps. The exfoliation of a portion of the bone of one finger occasioned for some days a considerable discharge of pus, which did not, however, lessen the adherence of the solution.

This case certainly efficiently tested these invaluable qualities of the adhesive solution, showing its superiority over all other species of plasters.

Another advantage to be derived from this new method of dressing, and of which I have frequently availed myself, is in its peculiar adaptation to those cases, where, though the process of cicatrization is completed, yet the newly-united flaps are painfully tender to external impressions. In such cases I have pursued the following method. Having prepared several very thin layers of raw cotton, the surface of the recently-healed stump should be freely moistened with the adhesive solution, and a layer of the cotton instantly applied and made smoothly adherent. Proceed in this manner until the whole surface is thinly covered. When this first layer is perfectly dry, apply the solution over it immediately, adding a second thin layer. Repeat this process two or three times, and a solid encasement will be obtained, of such firmness as to effectually shield the delicate cuticle from any ordinary violence. In the case alluded to, this method was adopted after the stumps had become cicatrized, as the sensitiveness of their extremities precluded the patient from performing any manual labor. Perfect protection being afforded by the above dressing, he was at once enabled to resume his work.

Besides the advantages proffered by this new "adhesive solution," as shown in the cases already adduced, I have found its utility could be judiciously extended to various others within the domain of surgery.

Among these may be instanced indolent ulcers, in the treatment of which it has proved a valuable auxiliary. The principle of its agency is the same as in "Baynton's method," of which, in its application, it is only a slight modification. The advantages, however, which I conceive this new method to possess over that of "Baynton's," are these, viz.—First—The irritation of the healthy integuments from the resinous composition of the common plasters, is entirely obviated. Second—The tenacity of adhesion is such as rarely to require renewal of the dressing in consequence of displacement. Third—Being insoluble in water, the frequent ablution of the limb will not detach the dressing.

Case VIII.—Mr. I., æt. 56, had been troubled, between six and seven years, with several indolent ulcers on the left leg. The largest of these was situated on the anterior and external surface of the tibia, at the junction of the middle with the lower third. It measured three and three quarter inches in its long diameter, by two and a half inches in its transverse one. The excavation from loss of substance was near a third of an inch in depth. The cachectic condition of the patient requiring a tonic treatment, the ferruginous preparations were administered, and stimulant applications to the pale, flabby granulations.

Under this treatment, of some months continuance, his health was greatly improved. The surface of the largest ulcer had diminished about an inch. The size of the smaller ones was proportionally decreased. They then seemed to remain stationary, possibly because, the patient residing at a distance and constant supervision being, therefore, impossible, he was deprived in a measure of the beneficial effects of compression from "Baynton's method." The common adhesive straps being constantly displaced, and the irritation arising from their resinous nature producing a painful erythema of the skin, the adhesive solution was substituted in place of the usual dressings, in the following manner. Straps of cotton cloth, about an inch in width, were prepared, and attached, by means of the solution, at a point two inches from the circumference of the ulcer, commencing at the lower border. Drawing the opposite margins of the ulcer in closer proximity, the free extremity of the strap was then attached as before. Proceeding thus, the surface of the ulcer with the surrounding tissues was equably compressed and firmly supported. The smaller ulcers were likewise similarly treated.

The patient intending to be absent for a month, he was directed to shower the limb daily with cold water, and to puncture the dressing with a penknife over the lower border of the ulcer, whenever an accumulation of fluid occurred, requiring egress.

At the expiration of the month, he again presented himself. The superiority of this species of dressing was now plainly obvious. Even after this lapse of time, in spite of the prolonged friction and frequent ablutions to which the strips had been subjected, they were still perfectly adherent. Upon their removal, the smaller ulcers were found entirely covered with a firm healthy cicatrix. The large ulcer had decreased from its former size to less than an inch in diameter. The granulations were nearly even with the adjoining skin, and were of a healthy appearance. The patient expressed great satisfaction at the relief and comfort afforded by this new dressing.

There is yet another purpose to which I have found the adhesive solution applicable, which its peculiar qualities suggested to me, viz., as an artificial skin in the treatment of some cases of burns and scalds. Judging from the instances in which it has been thus used, it would seem to merit more extensive trial. Aware how difficult it is to fix a proper estimate upon the value of any remedial agent, I am unable to state to what extent this mode may be preferable to existing ones. This point could only be satisfactorily decided in case of two distinct burns, of equal extent and severity, occurring to the same individual, the one being dressed exclusively with the solution, and the other being subjected to former modes of treatment. In such a case, the result would determine its actual value. As no opportunity has as yet presented the requisite conditions for such a test, I will only premise, that in the few cases in which it has thus far been relied upon, it has apparently justified the favorable opinion in which theory is warranted in indulging. Its nature is such that it forms, immediately after application, a firm transparent coating, perfectly protecting the denuded surface from all contact with the air. The injured part, thus exempt from this source of irritation through the medium of an artificial skin, the most favorable condition is afforded nature to repair the lost tissues and effect rapid cicatrization. Should pus or serum collect beneath, a minute puncture allows it to exude, after which it should be re-sealed with a drop of the solution. I will only allude to two of the cases in which it has been thus employed.

Case IX.—Mr. ———, about 25, an operative in a factory, was scalded by the bursting of a steam pipe while at work. The injury extended over the side of the right cheek, temple, a portion of the forehead, and across the nose. He was seen within half an hour after the accident. An immediate application of the adhesive solution was made to the scalded surface, it being gently painted over with a large camel's hair pencil. Waiting a few seconds for the first coating to become dry, a second and third were added. After the momentary smarting from the ether holding the gummy principle in solution, the previous intense pain was greatly relieved, and, shortly after, ceasing entirely, he returned to his work. The patient experienced no further trouble.

Case X.—Is that of a man who received a burn from a camphine lamp which accidentally exploded. The burn was extremely painful, involving the face, hands, and parts of the body. The immediate application of the adhesive solution was resorted to. For an instant the pain was increased, but quickly subsided, leaving the patient much relieved from his previous suffering. Occasional re-applications were made, to ensure occlusion from the atmosphere. Rapid cicatrization took place, and after the dressing gradually wore off, the features were free from all scars.

The immediate application of the solution is preferable in burns of the first three degrees. In those of the fourth degree, it may be advantageous to extend wide straps of cotton cloth across the surface of the burn (where large sloughs are likely to occur), and attach them to the adjoining healthy skin. This would permit of their ready removal for the purpose of inspection of the parts beneath—the external surface of the cloth being saturated with the solution, thereby effectually excluding the air.

Before closing this abstract of cases, demonstrating the varied adaptation of this novel addition to surgery, I will add a case in illustration of a mode of dressing lacerated wounds of the scalp, which has been followed by beneficial results. By this simple plan, the erysipelatous inflammation so frequently supervening on the employment of sutures, is necessarily impossible, while the requisite juxtaposition of the injured scalp is permanently maintained.

It consists in attaching to the shaved scalp a strap of sheep skin or cotton cloth, of an inch or more in width, cutting one margin of the cloth to correspond in shape with the edge of the wounded scalp. A narrow line of the strap on the side nearest the wound should be left unmoistened with the solution, and consequently unattached to that point of the scalp; the object of this free margin being to leave space for the ready passage of the needle. The other side of the wound having a strap attached in the same manner, nothing remains but to pass a needleful of strong thread through the corresponding free margins of the straps, and thus bring the separated scalp into proper position. The pressure is by this means equally diffused, all painful tension obviated, the aid of sutures rendered unnecessary, and the danger of erysipelas from their use consequently escaped.

CASE XI.—Was an instance in which I availed myself of this mode of dressing. An Irishman, a laborer on the rail road, was severely injured in a drunken affray, his body being bruised and his scalp torn, from blows inflicted with a rough stone. The most serious wound was a laceration of the scalp, about three inches in length, over the temporal ridge of the left parietal bone. As the sides of the wound were separated to some extent, my object was to ensure their coaptation, without resorting to the objectionable employment of sutures in the scalp. It was therefore dressed in the manner above described. The result was, ready union, without erysipelatous inflammation ensuing.

The introduction of this mode of dressing wounds of the scalp will undoubtedly prove serviceable to both surgeon and patient.

I now conclude this surgical report of cases in which I have used the "adhesive solution," they being a summary abstract from more than a hundred cases, but are sufficient to exemplify the singular qualities of the solution, as well as the varied capability of its application.

I cannot here refrain from expressing my thanks to Dr. Whitney for the ample opportunity he has afforded me, from among his surgical patients, for the thorough and extensive trial of the adhesive solution, by which I was enabled to demonstrate more fully and completely the success which had in a minor degree been obtained from my earlier experiments.

The "*experimentum crucis*" to which it has been subjected warrants my belief in the intrinsic merit of this new addition to surgery. Confident that the experience of the profession will corroborate my opinion of it, I take pleasure in submitting it to their consideration.

JNO. PARKER MAYNARD.

Since the first introduction of this adhesive solution in surgery, I have been repeatedly solicited to affix to this gummy principle (extracted by the action of sulphuric and nitric acids from vegetable fibre) some technical name by which it may be distinguished from the one extracted from the same source by the action of sulphuric acid alone, called dextrine, and the other by nitric acid alone, named by Mons. Braconnet, xyloidine. For this new principle I would therefore suggest, as a chemical cognomen, that of *Xyline*.

J. P. M.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 12, 1848.

Importation of Adulterated Drugs.—Dr. Edwards, of a select committee in Congress, to whom was referred the subject of imported drugs, has made an elaborate report, quite too voluminous to transfer to our pages. This document exposes a world of iniquity in the business, wholly beyond our suspicions, and we begin to wonder whether the unfortunate termination of cases in the hands of the ablest physicians, may not sometimes have been owing to the adulterated medicines which were given.

Dr. M. J. Baily, examiner of drugs at the New York Custom House, testified thus before the Committee:

"Large quantities of an imperfectly manufactured *iodine* are imported in kegs, and put in the usual small bottles and parcels here. It is very impure, black, and damp, and totally unfit for medicinal purposes.

"The *blue pill mass*, a vastly important and useful pharmaceutical preparation, comes to us greatly and dangerously adulterated. This article, when pure, contains 33 1-3 per cent. of mercury, combined with conserve of roses, &c. The adulterated article, of which large quantities are imported and sold, is, according to the very correct analysis of Professor Reid, of the New York College of Pharmacy, as follows: mercury, 7.5; earthy clay, 27.0; prussian blue, used in coloring, 1.5; sand, in combination with clay, 2.0; soluble saccharine matters, 34.0; insoluble organic matter, 12.0; water, 16.0. Total, 100.0.

"*Sulphate of quinine* or the salts of the *Peruvian bark*, a medicine now considered indispensable, and of universal use, particularly where *intermittent fever* prevails, comes to us adulterated in various ways. The usual method is to combine it with *silicine* (the salts of the *willow bark*), *chalk*, *plaster of Paris*, &c. The silicine possesses similar medicinal qualities, and resembles quinine very much in appearance, but is afforded at less than one-fourth the price, and is very far inferior in strength. This spurious article is largely imported, neatly put up in *French Style*, with the label of the celebrated *Pelletier*, of Paris (the original, and always one of the most honorable foreign manufacturers,) on each article. This trash is made at an extensive establishment in Belgium, the whole business of which, your committee are informed, is to manufacture and dispose of base imitations of all the important foreign chemical and medicinal preparations. An agent of this establishment has been in this country for the last ten months. His business is to effect sales, and obtain orders."

Here follows a statistical return of the generally considered essential articles of the materia medica, imported into the United States in a single year, which we have not room to copy.

The National Medical Association deserve the thanks of the country for their efforts to put down the death-destroying traffic in adulterated drugs, and there is hope of amelioration by a new law which we perceive has just been passed by Congress.

The Lungs, their Diseases, &c.—If a great book is a great evil, a small one, by the same rule, must be a blessing. Whether this idea had reference to the disadvantage of reading too long and too much on one subject, it is hardly worth while to inquire. It is generally conceded, however, that the real knowledge of an individual, like the wisdom of an age, may be written in a few pages. James Stewart, M.D., of New York, a familiar name in connection with a Treatise on the Diseases of Children, which was received with decided approbation by the profession some years ago, has added to his reputation by a little work on "The Lungs, their Uses and the prevention of their Diseases; with practical remarks on the use of remedies by inhalation."

There are seven chapters or natural divisions, under which the author presents his views. First, there is a curious chain of anatomical descriptions of the respiratory apparatus of insects, reptiles, and air-breathing animals generally. II. Atmospheric air. In this, its component parts, weight, pressure, &c., are considered, including points of moment to invalids on the character of land and sea breezes. III. Uses of the Lungs. This is an admirable series of facts in comparative anatomy. IV. Causes of pulmonary consumption, in the origin of which physicians are generally agreed. In this Dr. Stewart has been more laborious than in the chapters preceding, but we do not, however, recognize so much that is like himself, as in other places to which the reader might be referred with profit. V. Characteristics of the diseases of the respiratory organs, under which catarrh, cough, expectoration, influenza, bronchitis, inflammation of the larynx, asthma, &c., are appropriately considered ,without that tediousness which sometimes wholly destroys the practical value of a pretty sensible writer. Pulmonary consumption is brought within the embrace of this chapter, and will be studied, we believe, with peculiar profit even by experienced practitioners. VI. Prevention of the diseases of the respiratory organs. This is a plain matter, within the comprehension of a child. Yet notwithstanding the simple precautions on which health depends, in regard to the air we breathe, the abominably contracted and unventilated apartments in which persons of intelligence are accustomed to sleep, bring on a catalogue of ills. Schools, colleges, and families, where this immensely important subject is overlooked, through carelessness, should be frequently prompted. By a late act of the General Court of Massachusetts, the convicts in the State Prison are looked after, daily, in their sanitary relations, in respect to ablutions and ventilation, far better than are students of our seminaries of learning. VII. Treatment of pulmonary diseases by inhalation. This we leave open for the comments of others, since every one who has prescribed for diseased lungs, entertains certain views of his own, almost invariably at war with those of his neighbor.

For a long time we have not been better pleased with a medical book than we are with this. Without parade, or flourish of trumpets, the author entertains those whom he designed to address, in a rational, pertinent manner, and he has certainly accomplished a meritorious undertaking.

Newly-invented Instruments.—It is due to the enterprise of Mr. Phelps, whose beautifully fitted up sales-room, opposite the Tremont House, is an evidence of his good taste as well as enterprise, to state that he has received some very beautiful and ingeniously devised instruments from Europe, which should be seen by operative surgeons. An artificial hand, having a natural movement of the fingers, enabling the wearer to use a knife and fork at table, fairly throws into the shade all previous conceptions of the advances made in the construction of artificial limbs.

Effect of the Spirit Rations in the British Navy.—It appears by recent intelligence from England, that the British government has issued orders to all its consuls in different parts of the world, to institute inquiries into the character and capabilities of British seamen as compared with those of other nations. The result thus far shows that the British seamen are below others in morals, and as seamen are much less efficient than our own. This has been attributed to the continuance of spirit rations in their navy.

Graduation at Castleton Medical College.—On Wednesday, the 14th of June, the degree of Doctor in Medicine was conferred upon thirty-one young gentlemen, members of the class, who have been in attendance during the spring course of lectures at this institution. The examinations of the candidates for graduation was, as usual, attended by the delegation from the Vermont State Medical Society—the present members of that commission being His Excellency Horace Eaton, M.D., and John Locke Chandler, M.D. A very interesting and able address was delivered to the class of graduates, by the latter gentleman, a copy of which was requested for publication.

Honorable Fees.—We were recently called into consultation with the Professor of Obstetrics, &c., in the Medical College of Georgia, to attend a lady in puerperal convulsions. When the case terminated, a bank check, signed by the husband, who is a member of our bar, with the amount left *blank*, was sent to each of us.

Another.—We learn that a surgeon in Savannah, having operated successfully on the son of a lady in that city, had, besides his usual fee, a splendid case of surgical instruments presented to him by the grateful mother. These are truly green spots in the arid professional path, and we have to regret they are so far apart.—*Southern Med. and Surg. Journal.*

A New Anæsthetic Agent.—According to the Morgenblad, there has been discovered a new mode of etherization which has been applied with great success. It perfectly replaces chloroform, and what is more important is, that the compound is of a very low price, and very easy to obtain. It is sulphate of carbon, which may be obtained in abundance from wood, charcoal and sulphur, by means of a very simple apparatus; It is used in the same manner as chloroform. It was discovered by M. Harald Thanlow, an apothecary in Christiana, in Norway.—*London Lancet.*

Correspondence.

Ledoyen's Disinfecting Fluid. To the Editor, &c. Sir,—I have seen, in late numbers of your Journal, advertisements for the sale of M. Ledoyen's disinfecting fluid; also, in your last, some doubts upon the effects of the same, signed J. Birnstill. In connection with the above, would it not be well to publish the following extract from the London Medical Gazette for January. "The question of disinfecting the wards of fever hospitals, by different metallic compounds, which have, of late, been puffed into a most undeserved notoriety by parliamentary and other documents, has received a fearful solution, in the death from fever, of one of the most active experimentalists, Col. Calvert. This gentleman, who, unfortunately for himself, supposed that the poison of fever was as easily decomposd by a solution of the nitrate of lead, as sulphuretted hydrogen, and who had been officially sent to Canada, in company with M. Ledoyen, to test the efficiency of this liquid in destroying infection, *has fallen a victim to his excess of zeal.* M. Ledoyen has himself suffered from an attack of typhus, and is now, as we learn from the British American Journal, on his way home to England. No report of the results of this mission is required; the fact *that both of the commissioners were attacked with fever*, and that *one* died from the effects of a febrile poison, which a rag dipped into a solution of nitrate of lead was utterly unable to destroy, is a sufficient proof of the futility of all such schemes. We hope that the fate of Col. Calvert will serve as a warning to the patentees of other disinfecting fluids." Yours, &c.

July 8th, 1848. Z. B. A.

Injuries of the Head. To the Editor, &c. Sir,—In looking at Case IV. of Injuries of the Head, on page 356 of the Journal (number for May 31), I discover what might well be questioned as an anomaly in practice, viz., a paralytic state of the side injured. By reference to my original notes of the case, I find it reads thus:—"The head was thoroughly searched, &c., but nothing could be discovered but a spot behind the *left* ear, which was swollen, &c. &c." Whether this was so in the manuscript sent for publication, or as it reads in the Journal, I know not; but it is probable that the mistake was mine, and I take pleasure in correcting it, and also thank Dr. Hill for reminding me of it. A. B. Shipman.

Cortlandville, N. Y., June 22, 1848.

Ayer's Cherry Pectoral. To the Editor, &c. Sir,—Through the medium of your Journal, the medical faculty have had brought to their notice, a certain compound familiarly known as James C. Ayer's Cherry Pectoral, containing, among other articles of medicine, an unknown quantity of prussic acid. It has been well reported of by individuals, and also by medical colleges in several States, and the sale of the article much increased by such approval from high authority. What gives this compound its superior virtues? Is it the morphine, emetine, sanguinarine and tart. ox. antimony finely combined with sugar, spirit and water, which constitute it a medicine of unequalled virtue? Or is it the prussic acid it contains that gives it a claim above all things else? When I think a solitary patient needs prussic acid, I prefer to direct the quantity myself about the time it is to be used, it being a most potent drug, and even a deadly weapon in the hand of an assassin, a few drops taking life in half a minute. Can you recommend families to buy up such a medicine for daily use, they being ignorant of the nature of this acid? I think it as improper for common use as arsenic or aconite, or any other thing of such fearful force.

I cannot imagine how any apothecary could introduce prussic acid into extensive and daily use, and not even be reprimanded by the guardians of public health.

Lowell, June 20, 1848. Daniel Mowe.

To Correspondents.—A paper by "M. M.," on Entering the Larynx, has been received.

Married,—Dr. J. Atkinson, of Dorchester, to Miss O. C. Boney.—At Somerville, Chauncy Booth, Jr., M.D., to Miss H. Tufts.—William W. Sweat, M.D., of New Bedford, to Miss S. L. Meigs.—Dr G. W. Huntington. of Reading, Mass., to Miss C. L. Childs.—At Accomac Co., Virg., Dr. A. Y. P. Garnet, U. S. Navy, to Miss M. E. Wise.

Died,—At Mansfield, Conn., Dr. Jabez Adams, an aged physician.

Report of Deaths in Boston—for the week ending July 8th, 53.—Males, 29—females, 24.—Stillborn, 8. Of consumption, 7—accidental, 6—dropsy, 2—dropsy of the brain, 5—scarlet fever, 3—lung fever, 1—dysentery, 2—diarrhœa, 1—debility, 1—infantile, 5—teething, 3—convulsions, 1—measles, 1—smallpox, 1—apoplexy, 1—child-bed, 1—inflammation of the lungs, 2—ulcers, 1—disease of the brain, 1—disease of the knee, 1—mortification, 1—marasmus, 1—old age, 1—disease of the heart, 1—disease of the bowels, 2—suicide, 1.

Under 5 years 24—between 5 and 20 years, 1—between 20 and 40 years, 21—between 40 and 60 years, 1—over 60 years, 6.

Medical Miscellany.—Dr. Owen, of New Harmony, and Dr. Jackson, of Boston, are now pursuing the geological survey of the Upper Mississippi region, ordered by Government.—At the Buffalo Med. School, thirty-two gentlemen received the degree of M.D.—Smallpox has shown itself in aggravated forms at several places in New Hampshire.—It is thought that typhus fever is beginning to assume a severer type.—There are within the State of Massachusetts, 18,717 paupers!—8,703 made so by intemperance, and supported by an annual tax of $347,411.—The report of the Leeds, Eng., Homœopathic Institution for the year ending November, 1847, shows its increasing popularity. The number of patients treated in 1845—6, was 444, while in 1846—7, there were 931 patients. The financial statement shows a balance of near £100 in the treasurer's hands. The physician is Dr. Irvine.—From the minute description of a case detailed in the New England Botanic Journal, there is reason to believe that a girl has been imposing upon her lobelia administrator, by pretending to have voided from her bladder fragments that very much resemble broken brick —Dr E. R. Smilie has been appointed to deliver a course of lectures, the coming term, at the Castleton Medical College.

CASTLETON (VT.) MEDICAL COLLEGE.

THERE will be annually two *full* courses of Lectures in Castleton Medical College, each course continuing four months; the *Spring Session* commencing on the *last Thursday* in February, the *Autumnal Session* on the *first Thursday in August*, under the following arrangements:—

JOSEPH PERKINS, M.D., Prof. of Materia Medica and Obstetrics.
EZRA S. CARR, M.D., Prof. of Chemistry, Natural History and Physiology.
WILLIAM SWEETSER, M.D., Prof. of Theory and Practice of Medicine.
MIDDLETON GOLDSMITH, M.D., Prof. of Principles and Practice of Surgery.
THOMAS M. MARKOE, M.D., Prof. of Descriptive and Pathological Anatomy.
WILLIAM C. KITRIDGE, A.M., Prof. of Medical Jurisprudence.
ADRIAN T. WOODWARD, M.D., Demonstrator of Anatomy.

Fee for all the Lectures of each course, $50. For those who have attended two courses, at other Medical Institutions, $10. Matriculation, $5. Graduation, $16.

The regular Collegiate course of Medical Instruction, for permanent pupils, is so arranged, that each Professor conducts a course of examinations in his own proper branches, once in each year. The *Winter Term*, for study, commences on the 15th December; the *Summer Term*, on the 15th of July. Fees for each term, $15. Board, including the expense of room, fuel and light, may be obtained, at from $1,75 to $2,00 per week.

Castleton, June 1848. June 14—eptJy31 E. S. CARR, *Registrar.*

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THE attention of the Medical Profession is respectfully directed to this instrument, which is an important improvement over all other forms of manufacture. It is perfectly simple in construction, and therefore not liable to get out of order, as is the case with all other instruments of the kind. It admits of perfect control, and can be *Graduated* to any power; adapted for an infant, or sufficient for the strongest adult, at the pleasure of the operator. The magnetic force is imparted in a continuous manner, and with no unpleasant sensation to the most delicate patient. In a few words, it is believed to be the most beautiful and effective Magnetic Machine that has yet been offered, and no pains have been spared to make it worthy the countenance and use of the intelligent physicians of the United States.

There can be no question, that in many serious and prevalent complaints, Electro-Magnetism is of great value, and there is scarcely a medical journal either in this country or in Europe, that makes its appearance, without the statement of various cases, showing some new effect of this mysterious agent, or corroborating previous experience of its beneficial use. It is, therefore, not strange that the demand for these instruments has so rapidly increased, and it is to give the scientific practitioner an article on which he may depend, which is neat, portable and convenient, that the GRADUATED MAGNETIC MACHINE is thus offered. As an evidence of the superiority of these Machines, reference can be made to several of the most distinguished among the Profession, who have used them in a great variety of diseases, with the most surprising success.

Many of the cures performed by this instrument, are truly wonderful; some of them in diseases of the most serious character known to the medical profession. Among others, may be mentioned Scrofula, Dropsy, Erysipelas, Ascites, Deafness, Curvature of the Spine, Tic Douloureux, Acute and Chronic Rheumatism, Paralysis, Epileptic Fits, Headache, and particularly all diseases which may be referred to the nervous system.

Each machine is compactly arranged with the Battery and all necessary appliances, put up in neat rose-wood cases, accompanied with a Manual containing full directions for its efficient use and application.

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☞ Orders addressed as above, accompanied with the *cash*, will be promptly and carefully fulfilled.
Feb. 9, 1848.—eoply

DISEASES OF THE EYE AND EAR.

DR. J. H. DIX will, from this date, relinquish general practice, and attend exclusively to the medical and surgical treatment of Diseases of the Eye and Ear. Tremont st., opposite Tremont House.

February 14, 1843. Sept. 29—eptf